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Items of Interest:

Lung Cancer occurs when cells in the lung start to grow rapidly in an uncontrolled manner. Lung cancer can start anywhere in the lungs and affect any part of the respiratory system. It is the leading cause of cancer deaths in both men and women. Researchers have identified several causes of lung cancer. Most lung cancers are related to the use of tobacco. Harmful substances in tobacco smoke damage the cells in the lungs. Approximately 90% lung cancers are caused by tobacco smoke (this estimate does not include those who have developed lung cancer from second-hand smoke). Most people with lung cancer have the disease for a while before noticing symptoms of respiratory distress (cough, wheezing, or shortness of breath). To learn more about lung cancer, visit <http://www.nlm.nih.gov/medlineplus/lungcancer.html>

Navy and Marine Corps Medical News

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Chief BUMED Takes Helm of all Shore-Base Navy Medical Commands

By Christine A. Mahoney, Bureau of Medicine and Surgery, Public Affairs

WASHINGTON – Secretary of the Navy Gordon R. England announced the alignment of all Navy Medical Treatment Facilities command and control under the military command of Chief, Bureau of Medicine and Surgery (CHBUMED). CHBUMED will serve as the primary reporting senior for all Navy Medical Commanding Officers. The realignment went into effect July 13.

"The Secretary of the Navy has realigned command and control of all of our medical commands under the Chief, Bureau of Medicine and

Surgery (CHBUMED). The purpose of this realignment is to provide BUMED the authority to effectively and efficiently direct the collective assets of Navy Medicine to maintain readiness and deliver the highest quality health care," said Surgeon General of the Navy Vice Adm. Donald Arthur, CHBUMED. "This realignment will be seamless to most members of the Navy Medicine community and our beneficiaries, but it will have a positive impact on how we meet our dual mission."

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KEMAMAN, Malaysia - Lt. Allison Schwartz, assigned to the amphibious assault ship USS Boxer (LHD 4), assisted by Dental Technician 2nd Class Andrew Custdio, assigned to Commander Logistics Group Western Pacific, cleaned the teeth of a Malaysian Armed Forces member during a medical and dental civic action project as part of the Malaysia phase of exercise Cooperation Afloat Readiness and Training (CARAT). CARAT is a regularly scheduled series of bilateral military training exercises with several Southeast Asia nations designed to enhance interoperability of the respective sea services. U.S. Navy photo by Chief Hospital Corpsman Vernaldo Raymundo

Navy and Marine Corps Team Lead Humanitarian Operation Lonestar

By Lt.j.g. Kris Garland, Operation Lonestar Public Affairs

RIO GRANDE VALLEY, TX -

Members of the Navy Reserve and Marine Corps Reserve with the 4th Fleet Support Services Group (FSSG) Marine Forces Reserve (MARFORRES) offered free medical and dental services during the joint humanitarian Operation Lonestar, July 23 to Aug. 3.

Navy Reservists joined members of the Texas National Guard, Texas State Guard and dozens of civilian volunteers from state and private public health services in the effort.

"It's the opportunity for military members to get real-world joint medical training that they can use in both war and peacetime while also giving back to their country," said Cmdr. Tom Benedict, commanding officer of Surgical Company Alpha, 4th Medical Battalion, 4th FSSG, and also the officer in charge of the operation.

More than 4,000 patients received general medical care, sports physicals, immunizations, pharmacy services and dental care as well as screenings for diabetes, cholesterol,

tuberculosis, bacterial meningitis and blood pressure.

Hospital Corpsman 3rd Class Mary Pennington said she thought the operation was amazing in size and scope. Currently attending the Citizens School of Nursing in New Kensington, Pa., Pennington was on her first active-duty training exercise since leaving the fulltime Navy.

She said it was a challenging operation, but was a great chance to provide needed help to many people.

"For many patients, English is not their first language, and some patients didn't know how to keep a thermometer under their tongues and close their mouths," Pennington said.

Still, communication wasn't a problem. Several Reservists spoke fluent Spanish, and local translators were often available.

Many Reservists involved with Lonestar are back from deployment overseas, but still find the time and enthusiasm to volunteer for humanitarian exercises like Lonestar.

Medical and dental teams were integrated with Navy and Guard corpsmen and dentists working



RIO GRANDE VALLEY, TX—Navy Reservist Hospital Corpsman 3rd Class Mary Pennington weights Bianca Garcia, as her sister Belinda, waits her turn during Operation Lonestar. Pennington serves with Surgical Company Alpha, 4th Medical Battalion, 4th Fleet Support Services Group. U.S. Navy Photo by Lt.j.g. Kris Garland, Operation Lonestar Public Affairs

closely together while providing patient care.

Prescriptions were written and filled for diabetes and blood pressure medication for those who couldn't afford to purchase medication. To help over the long term, corpsmen gave patients information on resources for getting affordable medications.

Naval Hospital Camp Pendleton Welcomes New Commander

By Douglas W. Allen, Naval Hospital Camp Pendleton Public Affairs Officer

CAMP PENDLETON, Calif.—Navy Capt. Steven M. Nichols assumed command of Naval Hospital Camp Pendleton from Navy Capt. Richard R. Jeffries in a formal Change of Command ceremony held on the athletic field in front of the hospital, July 27, 2005.

The Surgeon General of the Navy, Vice Adm. Donald C. Arthur attended the ceremony and praised Jeffries' accomplishments to the audience of nearly 500.

"Capt. Jeffries has done an excellent job of taking care of Camp Pendleton's Marines, Sailors and their families. This hospital, more than any other Navy hospital, has borne the brunt of supporting the Global War on Terrorism."

Since 2001, NHCP has deployed 497 staff members to Iraq and Afghanistan. Currently 41 staff members are deployed with 57 set to go soon. The hospital has ap-

proximately 2000 active duty and civilian staff to service a 164,000 patient base.

The biggest challenge, said Jeffries, was changing the hospital from a peacetime operation to a wartime operation.

"We had an increase in mission on many fronts, from medically screening hundreds of activated reservists, to taking care of war casualties, to deploying 250 of our own, and all while still taking care of our enrolled Marines, Sailors, retirees and all of their family members," Jeffries said.

Jeffries has been selected for Rear Adm. (lower half) and is moving to head a newly formed Future Plans and Strategy office at the Bureau of Medicine and Surgery in Washington, D.C.

Nichols' last command was Naval Hospital Camp Lejeune in Jacksonville, N.C. where he served as the executive officer. In his remarks, he stressed the importance of communication and the Navy's core values of Honor, Courage and Commitment.

Twentynine Palms Hospital Staff Become SAVI Advocates

By Hilary Valdez and Martha Hunt,
Naval Hospital Twentynine Palms

ROBERT E. BUSH NAVAL HOSPITAL, Twentynine Palms, Calif. – Hospital staff from the Robert E. Bush Naval Hospital along with Marines, civilian volunteers and military spouses from the Marine Corps Air Ground Combat Center (MCAGCC) recently underwent Sexual Assault Victim Intervention (SAVI) Training.

SAVI is the Navy's three pronged program to address the issue of sexual assault. The program involves prevention education, maintenance of sexual assault response teams, and data collection. This training was devoted to the second area of the SAVI program: training of sexual assault advocates who will be responding to the needs of the victim. Prevention education is handled jointly by the prevention education specialist in Marine Corps Community Services (MCCS) family services and health promotions in the Naval Hospital. Data collection is handled by various command structures aboard MCAGCC.



DIEGO GARCIA, Indian Ocean – Dental Technician 3rd Class Namel Renelus grinds down imperfections in the mouth cast for teeth bleaching trays at the Branch Health Clinic Diego Garcia. The mouth impression cast is for a teeth whitening kit offered to people who complete the smoking cessation class, and anyone else who is a non-smoker. U.S. Navy photo by Photographer's Mate 3rd Class Peter Santini

As first-line responders, the participants were schooled on trauma reactions, stress management interventions, Department of Defense policies and advocacy techniques for responding to sexual assault, chain-of-custody procedures, medical/forensic examination procedures, alcohol and drug awareness, communication skills, transmitted diseases and concerns of cultural sensitivity. The three-day training ensured that service members and family members have access to a well-coordinated, highly responsive, victim advocate program. Each victim is assured support while being treated with fairness and with respect for his/her dignity and privacy.

In 2004, the Department of Defense sponsored a Task Force to address the issue of sexual assault in the military prompted by reports of sexual assault with combat deployed Marines and Soldiers. The task force noticed the inconsistency of reporting as well as defining and responding to the needs of victims of sexual assault. Subsequently, the task force created an office within the DoD to address the issue of sexual assault awareness and



prevention. The recommendation was that sexual assault be addressed from the top-down, at all levels. Also, the DoD would develop a structure for regular review and quality improvement while ensuring that the commands have the appropriate tools to support a sexual assault prevention program.

In response to the Department of Defense directives regarding sexual assault prevention, the USMC issued its own policy guiding all units to have trained sexual assault victim advocates and to promote prevention education. The recent training drew the participation of three MCAGCC units: Headquarters Battalion, CSSB-7 and VMU-1.

Chief BUMED continued...

(Continued from page 1)

The goal of the realignment is to provide CHBUMED the authority to effectively and efficiently direct Navy Medicine shore-based resources in order to maintain readiness and deliver the highest quality care in the most cost effective manner.

The realignment follows implementation of fundamental changes in BUMED headquarters organization. The BUMED strategic business planning efforts are more aligned with the operational forces on such key components as combat service support, comprehensive health care for wounded service members, comprehensive health care for

wounded service members, patients access, productivity standards and fiscal controls.

Also, the recent functional realignment of the headquarters ensures Navy Medicine is prepared to meet future challenges in the Global War on Terrorism and provide world-class health care to our eligible beneficiaries.

Navy Medicine exists to support the Chief of Naval Operations' and the Marine Corps Commandant's joint-vision of the Navy-Marine Corps Team. Navy Medicine is entrusted with the administering the best in health care to our Sailors, Marines, families and retirees.

Missouri Corpsman Stares Down War's Ugly Face to Heal Injured

By Cpl. Mike Escobar, 2nd Marine Division

SAQLAWIYAH, Iraq - The soft, even tone of his voice, and the caring look in Hospital Corpsman Clarence Washington's eyes belie the atrocities this Sailor has witnessed during his past four months in Iraq.



SAQLAWIYAH, Iraq — Hospital Corpsman Clarence Washington treats an Iraqi citizen's eye infection while patrolling the city streets alongside his Marines. Washington is one of several 'docs' who live and work alongside the infantrymen here, administering first aid in combat and treating acute illnesses. *U.S. Marine Corps Photo by Cpl. Mike Escobar*

Washington serves as a corpsman with Company A, 1st Battalion, 6th Marine Regiment, a unit currently working beside Iraqi Security Forces to secure the rural township of Saqlawiyah on the outskirts of Fallujah.

"I'll never forget the events on June 10," said Washington. "I'll never forget having to take their bodies out of the vehicle. It's something I still see in my mind everyday."

That day, Lance Cpls. Mario Castillo and Andrew Kilpela were killed by an insurgent-emplaced roadside bomb. These engineers were supporting Washington's unit by erecting signs along the road, warning people to beware of these bombs. It was Washington and a group of his Marines who were called upon to react to the explosion.

"They had told me there were two possible Marines killed in action, but I didn't really believe anybody was actually dead," he said. "They told me to take body bags just in case."

"When I got there, I saw the destroyed vehicle," continued Washington. "I walked to it, think-

ing to myself, 'I have to do this quickly, because I don't want my Marines to see this.'"

The events of that day opened Washington's eyes to the realities of war. No act of violence would deter him and his Marines' resolve to fight the terrorists who had claimed their friends' lives.

The troops continue conducting daily missions, raids and patrols to wrest the insurgents' grip off Saqlawiyah.

"My job out here is to look out for my Marines, and provide them with an adequate amount of care," he explained. "I deal with first aid, preventive medicine and hygiene concerns."

The mission at hand remains foremost on Washington's mind, as he enjoys the rough work to which he dutifully devotes himself.

"Being a corpsman is everything I've always liked doing, wrapped into one package: medicine, psychology, and counseling," said Washington. "I believe this to be one of the most rewarding experiences ever. I can hold my head high, stick my chest out, and say that I've done something special with my life."

Tricare Passport: Your Guide to Quality Health Care

By Christine A. Mahoney, Bureau of Medicine and Surgery Public Affairs

WASHINGTON — TRICARE is providing active duty service members and their families with a new tool to access their health care.

The TRICARE Passport is now available at TRICARE Service Centers and Military Treatment Facilities (MTFs). The guidebook outlines TRICARE's programs, including Dental Care and overseas travel, in a compact format.

"TRICARE wanted to provide active duty military members and their families with an easy-to-use information booklet in a simple format that is easy for the member to access," said Hospital Corpsman 1st

Class (FMF) Douglas Elessner, Navy Bureau of Medicine and Surgery's (BUMED) TRICARE Marketing Education Council Representative. "The Passport provides a brief overview of each TRICARE program.

It also includes information on how to handle a medical situation if a Sailor is deployed overseas, getting prescriptions filled while on the road, and information for family members."

Members of the Reserve component who are activated for more than 30 consecutive days, plus their families, are considered "active duty" and have access to TRICARE benefits and can also utilize the Passport to acquire information.

For service members overseas,

the TRICARE Passports are available at MTFs by request only.

If you would like to obtain a copy of the Passport, visit your local area TRICARE Service Center or MTF.

The Passport is also available online at the TRICARE website: <http://www.tricare.osd.mil/tricaresmart/product.aspx?id=317&CID=87&RID=3>.



CNO Makes Delivering Human Capital Strategy a Top Priority

From Chief of Naval Operations Public Affairs

WASHINGTON -- Chief of Naval Operations (CNO) Adm. Mike Mullen told manpower and personnel officials Aug. 10 the time is now to deliver a comprehensive 21st Century Human Capital Strategy (HCS) for Sailors.

"I've been on record saying that sustaining our readiness and building the fleet for the future are two of my top priorities, and they are," Mullen said. "But I don't think we can accomplish either one without a strong focus on our people and their families. Getting it right for them in the future is what the Human Capital Strategy is all about, and I am interested in stepping out on it."

Mullen made his remarks to the HCS Symposium at the Naval Post-graduate School in Monterey, Calif. It was the third such symposium Navy leaders have conducted.

"This symposium builds on the great strategy work done to date and is an excellent forum to educate the cadre of specialists, provide a valuable opportunity to network with other members and lay the groundwork for the working-level meeting in December," said Chief of Naval Personnel Vice Adm. Gerry Hoewing.

The HCS is designed to provide overarching guidance to achieve capabilities-based and competency-

focused workforce alignment with joint and Navy mission requirements.

Mullen said the HCS must include a focus on continuing education, executive development and duty in joint billets.

"We have amazing talent in the Navy," Mullen said, "and we need to continually look for ways to send that talent to challenging, meaningful, joint duty. It's a joint world out there, and it's getting more joint every day. The war on terror proves that."

The CNO also said he was looking for ways to improve diversity across the Navy. He noted the contributions of the year-old Diversity

DIRECTORATE in increasing awareness but pledged his support to doing more.

"We need leaders for and from every part of our Navy. I want to take big steps each year to improve our diversity, especially in leadership positions, and I want a human capital strategy that helps us do that."

He praised the progress made on HCS and thanked the symposium attendees for their dedication. He also charged them to keep up the pace and encouraged them to try out new ideas on their own as they develop the strategy.

"Don't wait for me," he said.

CNO: Diversity a Leadership Issue

WASHINGTON - Speaking at the 33rd annual National Naval Officers Association (NNOA) Conference in New Orleans Aug. 12, Chief of Naval Operations (CNO) Adm. Mike Mullen said diversity continues to be a leadership issue and critical to the Navy's future success.

"We need leaders from and for every single part of our Navy," he said. "Our leadership should reflect the nation we represent."

Mullen took the opportunity during his comments to thank the NNOA specifically, saying the association was "critical to helping our Navy improve diversity." He also said he needed their leadership, as well, and encouraged NNOA's members to mentor other, more junior officers and enlisted personnel.

The Navy is certainly a more diverse force than it has been in the past, Mullen noted, but leaders cannot rest on their laurels.

"A lot has been done, but we are still in a pioneer world," Mullen said, referring to the fact that though many more opportunities now exist for minorities and women in the Navy, much can still be accomplished.

The CNO said he will concentrate on this area specifically during the next four years.

For example, he wants to improve the number of women and minorities filling both senior officer and enlisted billets, and increase the number of women serving in enlisted technical ratings.

"My intentions are to take big steps each year, for four years," said Mullen. "I believe we need to take more risk in this area than we have in the past. I believe from my heart that diversity strengthens the very fabric of who we are."

According to Capt. Patricia Cole, CNO's special assistant for diversity, NNOA is very optimistic about Mullen's stance and his "obvious commitment to diversity in the Navy," she said.



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